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FAX-FILING IN U.S. PATENT & TRADEMARK OFFICE

DATE: July 28, 2004

TIME:

TO:	Mr. Pinchus Laufer (703-306-4160)	FAX NO.:	703-305-8266
Special Programs Review Examiner			
FROM:	Jack J. Jankovitz	ADMIN. ASST.:	D. Spratt
APPLN. NO.:	10/017,965	ATTY. DOCKET NO.:	MTS-520US4
TITLE OF APPLN.: MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK, REPRODUCING APPARATUS, OPTICAL DISK AND METHOD OF PRODUCING OPTICAL DISK.			
FILING DATE:	December 7, 2001	ART UNIT:	2137
FIRST INVENTOR:	Mitsuaki Oshima, et al.	CONF. NO.:	8891
TITLE OF DOCUMENT (and List of Attachments): Amendment and Transmittal Form			

Total Number of Pages: 8 (including this form)

COMMENTS

As requested, enclosed are (1) a new Reissue Declaration, and (2) cross-reference in the specification to other applications.

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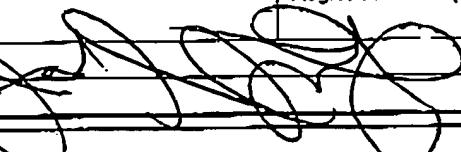
Total Number of Pages in This Submission 7

Application Number	10/017,965
Filing Date	December 7, 2001
First Named Inventor	Mitsuaki Oshima, et al.
Art Unit	2137
Examiner Name	Paul E. Callahan
Attorney Docket No.	MTS-S20USA4

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Jack J. Jankovitz	Registration No. (Attorney/Agent)	42,690
Signature			
Date	July 28, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Type or printed name	Jack J. Jankovitz	Date	July 28, 2004
Signature			

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